



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

05/11/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD096935077
INSTALLATION NAME:	DELUX PACKAGING
INSTALLATION ADDRESS :	63 NORTH ST SAUGERTIES, NY 12477
MAILING ADDRESS :	PO BOX 269 SAUGERTIES, NY 12477

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: DELUX PACKAGING
or Current Occupant
ATTN: PAUL FISCHER
PO BOX 269
SAUGERTIES, NY 12477**

owner

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED

FORM TO:

The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for
Submittal
(See instructions
on page 13.)MARK ALL BOX(ES)
THAT APPLY

Reason for Submittal:

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID
Number (page 14)

EPA ID Number

N.Y.D.09.6.9.35.077

3. Site Name
(page 14)

Name:

DELUX PACKAGING

4. Site Location
Information
(page 14)

Street Address:

63 North Street

City, Town, or Village:

Saugerties

State:

N.Y.

County Name:

Ulster

Zip Code:

12477

5. Site Land Type
(page 14)Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 14)

A.

Film and Foil Printer.

B.

C.

D.

7. Site Mailing
Address
(page 15)

Street or P. O. Box:

P.O. Box 269

City, Town, or Village:

Saugerties

State:

N.Y.

Country:

U.S.A.

Zip Code:

12477

8. Site Contact
Person
(page 15)

First Name:

Paul Fischer

MI:

✓

Last Name:

Fischer

Phone Number:

(845) 246-6090 Extension: 105

Email address:

P.Fischer@deluxekepek.com

9. Operator and
Legal Owner
of the Site
(pages 15 and 16)

A. Name of Site's Operator:

Guy Page

Date Became Operator (mm/dd/yyyy):

Jan 2004

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

Gilles Henrichon

Date Became Owner (mm/dd/yyyy):

Aug 7th 2003

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

UPS EXP

Call

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NY DO 96935077

T/A C

1

I. NAME OF INSTALLATION

SAUGERTIES PACKAGING CORP.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 179

CITY OR TOWN

ST.

ZIP CODE

4 SAUGERTIES

NY 12477

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAWYER IND. PARK NORTH STREET

CITY OR TOWN

ST.

ZIP CODE

6 SAUGERTIES

NY 12477

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 JOSEPH TEFEL PLANT MGR.

914-241-4941

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 R. GARLOCK D. HANSON G. SALERNO

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6	
	23 - 25		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	
	7		8		9		10		11		12	
	23 - 25		23 - 25		23 - 26		23 - 26		23 - 26		23 - 26	

13	14	15	16	17	18
Foo5					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

[illegible]

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

JUL 13 10 03 PM '84
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007



RCRAInfo NOTIFICATION DATA DISCREPANCY FORM

Information from RCRAInfo

Changed Information ("E" record only)

Facility Name: Saugerties Packaging Corp.
RCRA ID Number: NYD096935077
Facility Address: Sawyer Ind. Park North St
City: Saugerties ST: NY ZIP: 12477
Mailing Address: P.O. Box 179
City: Saugerties ST: NY ZIP: 12477
Facility Contact: Henry M. Daniels Phone: 914-246-4941
Owner/Operator: _____
SIC Code(s): 323119 Other Commercial Printing
Waste Codes: DC01, F005
Generator Status (LQG/SQG): _____
Other: _____

Facility Name: De Luxe Packaging Corp.
RCRA ID Number: _____
Facility Address: P.O. Box 269
63 North Street
City: Saugerties ST: NY ZIP: 12477
Mailing Address: _____
City: _____ ST: _____ ZIP: _____
Facility Contact: Mr. JEFF Reese Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG): CESQG
Other: _____

RCRAInfo Data Entry Staff will enter all Notification Data changes provided.

Non-LQG/SQG Generator Status Code (Circle Only One Number)

- | | | | |
|---|---|----|---|
| 1 | Conditionally Exempt Small Quantity Generator (CESQG) | 6 | No longer generates hazardous waste - still in business |
| 2 | Definitionally Excluded Waste | 7 | No longer generate hazardous waste - out of business |
| 3 | Delisted Waste | 8 | Never generated hazardous waste |
| 4 | One-time Hazardous Waste Generator | 9 | RCRA ID number used to transport non-hazardous waste |
| 5 | Periodic Hazardous Waste Generator | 10 | Regulated under other RCRA ID number(s): _____ |

Contact Name: _____ Phone: _____ Authorized by: _____
Effective Change Date: _____ (Check: _____ Federal or _____ State RCRA Manager)